



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 584 Name Bertram Suley Corps CofB

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Bertram Suley
2. What is your full Address? 2. Beards Bay Light No 13
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 27 Years Months
5. What is your Trade or Calling? 5. Postman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? .. 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? Yes

I, Bertram Suley do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Bertram Suley SIGNATURE OF RECRUIT.
Raymond Signature of Witness.

18/6/15
OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
I, Bertram Suley do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been ~~correctly~~ answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at Beards Bay on this 18th day of June 1915
Signature of Attesting Officer C.B. Dick's Lieut

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.
Date 18th June 1915
Place Beards Bay } Approving Officer.

* The signature of the Approving Officer is to be affixed in the presence of the Recruit.
† Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)

C.R. 5784

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depôt St. John's dated August 19th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c Records from noted date 8-8-19.

5184, Pte. B. Suley.

C.R. 5184

Extract from Daily Orders Part 11 Unit The Royal Rifles.
Regt. St. John's, July 15-1919.

The Discharge of the undernoted on demobilization has been
APPROVED by C.G. Discharge Depot with effect from 25-7-19.

5184 Pts. B.Suley.

CR. 5184

Extract from Daily Orders Part II Unit The Royal Field Artillery.
St. John's, July 23rd 1919.

5184 Pte. B. Studley.

Reported at Headquarters 1-7-19 ex "Cassanite" which sailed
Glasgow 24th June, 1919.

C.R.

5184

Extract from Daily Orders part 11, from Unit The Royal
Rifles, Regt. St. John's, 6th Bn., 25th July 1918
The following man embarked for overseas on H.M.S.
"Columbelle" July 22, 1918

#5184 Pte. Bertram Suley.

Extract from Colonel's Daily Orders part 11, from Unit The Royal
Wiltshire Regt., St. John's, Wilt. dated May 20th, 1918

#5284 Pte. Bertram Sulley.

Attached for General Service with the Royal Wiltshire Regt.
from 18.5.18.

B. Soley

C.R. 5184

~~1880~~

No. 2754/360.

N.F.P./79.

FROM. NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
Pay & Record Office,
103, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2nd/Bn. Ryl Nfld Regt.

Winchester.

17th February 1919

February 19th 1919

5184. Pte S Sooley. B.

Receipt hereunder.

With reference to the following
telegram from the Minister of
Militia / / (24.)

J. Khan
LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to-5184. Sooley.

£5.0.8.

Received the sum *Five pounds*

Cheque £ 5.0.8. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Eight in respect of
telegraphic remittance from the
Minister of Militia.

A. D. Minshall
Chief Paymaster & O. i/c Records.

B. Sooley
No. *5184* Rank *Private*
Witness *P. K. [Signature]*

July 13

5184

Aug 10

August 8th 1919.

#5184, Pte.B.Suley,
Heart's Delight.

Dear Sir:

enclosed please find Discharge Certificate
3640.

Yours truly,

Capt.™

Officer i/c records.

RSV/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5184 Rank Plk Name Suley B.
 Intended place of residence Hearts Delight
2. Occupation Intermar
 Classification of soldier 2 Medical Category A.I.
3. The above named man is discharged in consequence of

DEMOBILIZATION

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place, ST. JOHN'S J. Must
 Date JUL 11 1919 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
- Place, ST. JOHN'S P. B. Suley
 Date JUL 11 1919 Signature of soldier
 Signature of witness J. A. Snowcraft

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
- Place, ST. JOHN'S B. Suley
 Date JUL 11 1919 Signature of soldier
 Signature of witness W. J. Eaton Qms.

STATEMENT OF SERVICE

7. Enlisted for service 18.5.18 No. of days on Military
 Discharged from service JUL 25 1919 Plus 14 days Service 448

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place, ST. JOHN'S N. R. Cooke Capt.
 Date JUL 25 1919 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
- Place, ST. JOHN'S M. Bowley Capt.
 Date August 8/1919 Officer in Charge
 The Royal Newfoundland Regiment

20791 3640

14
30
31
8
83

The Royal Newfoundland Regiment

Class for Demobilization

6.

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 10.7.19.....

Regimental No. ... 5194

Name Suley Bertram

Address Hearts Delight

Present Medical Category A-1

Recommended for:— { (a) Immediate discharge
(b) ~~Standing Medical Board~~

Members of Board {

R.H. Last Major
O.C. Discharge Depot.

L. Paterson
Senior Medical Officer

S. Benden
M.O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 2784 Rank Plt Name Wiley B
 Date of Enlistment 18-5-18 Address Heart's Delight District St. John's
 Occupation Postman Classification for Discharge F1 Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	/	N.F. Med.	D.F. 1	/
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	/	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 10-7-19O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

B. Wiley

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable #65.00

(b) ~~Clothing Supplied~~

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 112346 to his home at Hearts Delight and Release Certificate No. 3442 issued.

Date 11-7-19 *J.A. Lowry*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 8-8-19.

Date 11-7-19 *H. M. W. H.*
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 11-7-19 *J.A. Lowry*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 25 1919

Date *D. R. Coople Capt.*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

Signature of Man.

Reg. No. 5184

B. Sulby

Signature of the Vocational Officer or his Representative.

Place

Al-johus

Date

11-7-17.

191

To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

OF

Surname DuleyChristian Name Peterman

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Peter's County Africa

SPECIAL RESERVE

REGULAR ARMY

Examined	on <u>12</u> day of <u>May</u> 191 <u>8</u>	on	day of	191
	at <u>St. John's</u>	at		
Declared Age	<u>27</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>6 1/2</u> inches		feet	inches
Weight	<u>121</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<u>35</u> inches		inches
	Range of Expansion	<u>3</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
		<u>1 Scar</u>		
When Vaccinated	<u>6 months ago</u>			
Vision	R.E.—V=	<u>66</u>	R.E.—V=	
	L.E.—V=	<u>66</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. J. Peterman</u>			
(Rank)	<u>Major</u> Medical Officer.			
Enlisted	at <u>St. John's</u>	at		
	on <u>18</u> day of <u>May</u> 191 <u>8</u>	on	day of	191
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>Regt. 184</u>	<u>Africa Regt</u>		
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)			day of	191
(Rank)				

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service for consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal New South Wales* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *1.84* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Suley* *Bertman* } (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *22*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 b (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

(i.) Service during the present war

(ii.) Previous active service

(iii.) Climate in pre-war service

(iv.) Ordinary military service before the war

(v.) Serious negligence or misconduct on the man's part. }

14 (a). If not due to any of these causes, to what specific condition do you attribute it ? }

15. What is his present condition ?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

The complainee of no disability

16. Was an operation performed ? If so, when and what was its nature ?

17. If not, was an operation advised and declined ?

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

Repatriation

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W.E. Proctor Capt Name
Medical Officer in charge of case.

Station *Hazebury, L.S.W.*

Date *2/1/19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full

Sully, Bertram

Regiment from which discharged **Royal Newfoundland**

Regimental number

5184

Intended address

Hearts Delight

Height on discharge

5 Feet 6 1/2

Color of hair on discharge

Dark brown

Complexion

Fair

Color of eyes

Brown

Descriptive Marks

Figure on discharge

Medic

Christian name of Father

John

Christian name of Mother

Sarah

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Hearts Delight 7-10-1897

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

Bertram Sully

Ho

(Rank)

Station

ST. JOHN'S.

Date

7-1-19

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



Medical Officer i c Hospital, Unit, or Command Depot.

Station

Date

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *B* 2. Surname..... *Suley*
3. Rank..... *Pte* 4. Regtl. No..... *5184*
5. Address in full to which future payments of gratuity are to be forwarded..... *Herby's Delight St. B.*
6. Date of enlistment in the Regiment..... *May 18/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *no*
8. Relationship of such dependents..... */*
9. Address in full of such dependents..... */*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... */*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *thirteen months*
- 1. *1*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

no

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

15. Have you been issued with a War Service Badge?

16. Have you, during the present war, served in the Imperial Forces?

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

(b) If so, was such reversion in consequence of misconduct or inefficiency?

19. Are you now serving in the R.A.F.? If not give:- (a) date of discharge. (b) Reason for discharge.

no
July 25/19
Lemah

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

England

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant: *B. Luby*
 Place of Residence: *Stearns Delphis, I.B.*
 Declared before me at: *St John*
 This *11* day of *July* 19...*19..*

Signature of Barrister of the *John M. Carby*
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits. *JP*

POST DISCHARGE PAY.					
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.		Net amount due
.....
.....
.....
Certified correct.					Paymaster

August 18, 1919

Mr. B. Suley,
Hearts Delight, T.B.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of war Service Gratuity.

Yours truly

Captain & Paymaster.

C.R. 5184

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal 1914-1919.

Date.

Nov. 18th 1919

Place.

Hants - Delight

Name.

Bertie M. Suley

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B-121
39

Number of Sheets 011

Regiment of Royal Newfoundland

Signature of O. C. Company C. A. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay			
No.	<u>5184</u> <u>Saley, Buttram</u>	Age on	21	years		<u>Fisherman</u>		
Joined		Date	of Enlistment	18.5.18			Religion	
Joined		Date	Period of } with Reserve } with Colours } with Reserve }	18.5.18			C. of E.	<u>Mark Delight T.B.</u>
Joined		Date		18			years.	
Joined		Date		36	years.			

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St Johns</u>	<u>8</u>	<u>5</u>		

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

A 5184

Reg. No. 5184 Rank Plt Name Lesley B.
 Date of Enlistment 18-5-18 Address Heart's Delight District Trinity
 Occupation Gasfermover Classification for Discharge F.I. Medical Category F.I.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1.
B 178	W 3494	B 122	Board 1st.	" 2.
B 178a	D 400A	B 1915	do 2nd.	" 3.
B 179	D 400B	Form L	do 3rd.	" 4.
B 179a	D 400C	Form K	do 4th.	" 5.
B 179b	B 103	ME 2		" 6.
B 179c	B 120	M 93		

Date 10-7-19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

I am in a position to resume civilian occupation.

~~Documents~~ Documents passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable #60.00
 (b) Clothing Supplied [Signature]

Date 11-7-19 O'c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2346 to his home at Hearts Delight and Release Certificate No. 3442 issued.

Date 11-7-19 *J. F. Lowry*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 8-8-19.

Date 11-7-19 *J. F. Lowry*
Depot Paymaster.

Discharge approved for 25-7-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	/	N.F. Med.	D.F. 1	/
E 178	W 3494	B 122		Board 1st	" 2	/
R 178a	/ D 400A	/ B 1915	/	do 2nd	" 3	3 Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	/ D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 11-7-19 *J. F. Lowry*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 25 1919 *N. R. Cooper*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date Aug 21 19

Reg. No. 5184 Rank P6 Name Sulay B.

Attested Address Neer's Delight

Allotment Alloitee

Date of Allotment Returned from Overseas JUL 1 1919

Returned on S.S. Cause

11 9 19
25 7 19

~~PASSED TO DEMOBILIZATION OFFICER~~

DISCHARGE APPROVED ON DEMOBILISATION.

5184
Army Form B. 179a

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps..... *Royal Newfoundland*
2. Regtl. No. *578.H* 3. Rank..... *Plt.*
4. Name *Sully*..... *Bullcock*
(Surname) (Christian Names)
5. Age last birthday..... *22*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade } *fisherman*
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

No Complaints of No Disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Reparation

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W.E. Pocumie. Capt. Rame

Station *Hayley Heath*
 Date *19/1/19*

Medical Officer in charge of case.

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause